



JFW
Docket No. 0640/71348/JPW/NDP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Janaswamy Madhusudana Rao et al.
Serial No. : 10/695,471 Examiner: M. Flood
Filed : October 28, 2003 Group Art Unit: 1655
For : A NOVEL HERBAL COMPOSITION FOR THE TREATMENT OF GASTRIC
ULCER.

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: October 20, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	11 -	* 76 =	*** 0 X	\$25	\$50	=	0
Independent Claims	2 -	** 5 =	*** 0 X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0			

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)
 A Petition for an Extension of Time, including a fee of
\$ 2,160.00 for a Petition for 5 Month(s) Extension of Time
 Other (Identify): _____

THE TOTAL FEE DUE is \$ 2,160.00

A check in the amount of \$ 2,160.00 is enclosed.

Please charge Deposit Account No. _____ in the amount of
\$.

The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125

Fees under 37 C.F.R. 51.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. 51.17

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

10/20/06
John P. White
Reg. No. 28,678
Date